

REC'D APR 11 1938

 MISSOURI STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH

791

1003

9169  
Do not use this space.

2758

## 1. PLACE OF DEATH

- (a) County..... Registration District No.....  
 (b) Township..... Primary Registration District No.....  
 (c) City St. Louis..... (d) Street No. 5351 Delmar Blvd. Missouri St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred 4 yrs. 6 mos. 2 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

- Mrs. Harriet E. Jacks 200  
 (a) Residence, No. 5351 Delmar Blvd. St. 12  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

- 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William N. Jacks

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 15, 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
81 7 7

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. Retired  
 10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Edinburg, Maine

13. NAME Majer Bruce

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

15. MAIDEN NAME Mary A. Marlar

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Mrs. Wilmoth Waller  
5351 Delmar

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cem. DATE 3-23 '38

19. FUNERAL DIRECTOR (ADDRESS) Alexander Brown  
613 1/2 Delmar Blvd.

20. F. MAR 23 1938 J. D. Budick  
 Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 22, 1938, 19.....

22. I HEREBY CERTIFY, That I attended deceased from September 20, 1933 to March 22, 1938, 19.....

I last saw her alive on March 22, 1938, 19..... Death is said

to have occurred on the date stated above, at 4:37 P. M.

The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus

Date of onset

5 yrs.

Other contributory causes of importance:

Senility

6 months

Name of operation..... Date of.....

What test confirmed diagnosis? Phy. Ex. Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify.....

(Signed) Lolow Lamson M. D.

(Address) 508 N. Grand Blvd.

